

Application for Capital Funds
South Carolina Department of Disabilities and Special Needs

1. DATE: _____ 2. TYPE OF APPLICATION: ___Preliminary ___Original ___ Revised

ATTACHED DOCUMENTATION (as applicable):

Pre-Purchase Checklist for Purchase of Existing Facility (Addendum A) _____
Justification of Purchase / Construction of a Particular Facility (Addendum B) _____
Real Estate Contract Contingent on SCDDSN Approval _____
Certified Independent Appraisal for Purchase of Land and/or Facility _____
Other Photographs / Real Estate Marketing Information _____
Independent Inspection(s) (Building / Electrical / **Phase 1 Environmental Study / Etc.**) _____
Schematic Drawings and Specifications for Construction / Other Work to be Done _____
Zoning Letter on Jurisdiction's Letterhead (Addendum C) _____
Documentation of Estimated Cost(s), including Independent Quotes _____
For Residential Purchase / Construction: Work Write Up Summary (Addendum D) _____
Documentation of Correspondence To/From Regulatory Agencies re: Citations (As Applicable) _____

3. APPLICANT:

Provider: _____ Executive Director: _____
Contact Person and Title: _____
Contact Person's Email: _____
Contact Person's Telephone Number and Extension: _____
Provider Street / Post Office Box Address: _____
City / Zip Code: _____

4. PROJECT NAME AND SITE ADDRESS:

5. TYPE OF CAPITAL REQUEST: (Check as many as applicable)

___ Acquisition of Land ___ Site Development ___ Acquisition of Land and Existing Facility
___ Renovation / Repairs to Existing Facility ___ Upgrade / Installation of Mechanical Systems
___ New Construction of Facility ___ Other _____

Note: If SCDDSN has previously participated in facility's acquisition or any subsequent upgrades, renovations or repairs, please provide a history of the facility (age, etc.), year(s) of award(s) and amount(s): _____

6. ADDITIONAL DESCRIPTION OF PROJECT (Respond also to Question 12)

Example: To purchase an existing home for a four-bed CTH-II per service development needs...

7. FACILITY TYPE / SPACE DISTRIBUTION: (Complete as Applicable)

	Heated Square Feet:	% of Entire Facility:
Residential Facility (CTH-II, SLP, etc.)	_____	_____
Adult / Child Day Program	_____	_____
Administration / Support Services	_____	_____
Other (specify: _____)	_____	_____
Total:	_____	<u>100%</u>

8. SUMMARY OF FUNDING REQUEST: *(Complete as Applicable)*

SCDDSN Grant \$ _____
SC Housing Trust Fund Loan _____ (Not to Exceed \$75,000)
Other Loan _____ (Type: _____)
Other Grant _____ (Type: _____)
Provider Participation _____ (Cash / Reserves, Etc.)
TOTAL DEVELOPMENT COST: \$ _____ [Should Equal Total Development Cost of Next Section]

9. CAPITAL BUDGET FOR PROJECT:

	-----PROPOSED SOURCES OF FUNDS-----				
	SCDDSN	SCHTF	OTHER	PROVIDER	TOTAL
Acquire Land [# Acres ____]	_____	_____	_____	_____	_____
Acquire Existing Facility (with Land) [# Acres ____]	_____	_____	_____	_____	_____
Construct New Facility # Heated Square Feet _____ Est Cost per Heated Square Foot \$ _____	_____	_____	_____	_____	_____
Site Development (Grading / Tree Removal / Paving / Landscaping)	_____	_____	_____	_____	_____
Infrastructure (Water / Sewer / Septic)	_____	_____	_____	_____	_____
Renovation / Repair / Mechanical: <i>(Summarize by category to equal HTF Work Write-Up Schedule)</i>					
_____ \$ _____					
_____ \$ _____					
_____ \$ _____					
_____ \$ _____					
_____ \$ _____					
SUBTOTAL	_____	_____	_____	_____	_____
Appliances / Equipment: <i>(Exclude those paid from Start-Up Grant)</i>					
_____ \$ _____					
_____ \$ _____					
_____ \$ _____					
_____ \$ _____					
_____ \$ _____					
SUBTOTAL	_____	_____	_____	_____	_____
Fees and Closing Costs:					
Architect / Engineer / Other \$ _____					
Appraisal \$ _____					
Inspections (Bldg/Elec) \$ _____					
Termite Letter \$ _____					
Attorney \$ _____					
Closing Costs					
(Title Ins/Recording Fees/Etc) \$ _____					
Other _____ \$ _____					
SUBTOTAL	_____	_____	_____	_____	_____
TOTAL DEVELOPMENT COST: \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<i>(Should equal Proposed Funding By Source)</i>					

10. ANNUAL OPERATING BUDGET FOR PROJECT:

[Non-Personnel Costs]	Est Cost New Facility	Current Cost (If Any)	Additional Cost (Savings)
Mortgage / Lease Payment	\$ _____	\$ _____	\$ _____
Natural Gas / Fuel Oil / Electricity / Other	_____	_____	_____
Telephone / Internet Services	_____	_____	_____
Water / Sewer / Garbage / Trash	_____	_____	_____
Janitorial / Grounds / Pest	_____	_____	_____
Repairs / Painting / Other	_____	_____	_____
Insurance	_____	_____	_____
TOTALS:	\$ _____	\$ _____	\$ _____

11. LOAN PROVISIONS:

Note: If a loan from *other than the SC Housing Trust Fund* is proposed in #8 as part of the financing plan for this project, please answer the following questions, attaching any documentation or correspondence from the lender.

Proposed Lender's Name / Contact Person / Phone Number _____

Construction Loan? _____ Terms (Length/Fixed or Adjustable) _____ Rate _____

Permanent Financing? _____ Terms (Length/Fixed or Adjustable) _____ Rate _____

Amount of Principal \$ _____ Number Years Amortized (If different from Length) _____

Monthly Payment (PITI) \$ _____ (Show Annualized in Section 10)

Is Loan Considered Tax-Exempt? _____ If not, please explain _____

Is there a Balloon or Call Provision? _____ If so, please explain _____

Note: If so, also please provide WRITTEN COMMITMENT on behalf of the Lender to refinance at the end of set intervals at rates derived in a standard manner (such as based on prime rate).

Date Terms were offered by Lender? _____ Deadline for Acceptance of These Terms? _____

Describe Procurement of Financing Provisions (Bid? / # Institutions Approached / Etc.) _____

12. PROJECT NARRATIVE: *(Attach Separate Page if Necessary)*

Why is the project needed? How will individuals benefit by its completion? If not funded, what will result? _____

Program Type(s) for Facility:	# Individuals Served	# Staff
_____	_____	_____
_____	_____	_____
_____	_____	_____
Totals	_____	_____

Describe any special space or structural needs, including the relevant licensing standards.

Will meals be served in this facility? _____ If so, describe this impact on design _____
